



**HAWAII STATE ETHICS COMMISSION**  
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**REPORT OF EXPENDITURES, CONTRIBUTIONS  
AND SUBJECT AREAS**

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

☐ January 1 - last day of February

☐ March 1 - April 30

☒ May 1 - December 31

Year of Report 20 05

Name of contact person **MARTIN ERWIN**

Phone **946-321-6923**

Name of organization **STATE FARM INSURANCE**

Mailing address **1201 K STREET, SUITE 920**

**SACRAMENTO, CA 95814**

STATE OF HAWAII  
STATE ETHICS COMMISSION

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**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 19,687.50

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lo lobbyists	19,687.50	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	19,687.50

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
R. BRIAN TSUJIMURA	745 Fort Street, Suite 1700, Honolulu, HI 96813	19,687.50

RECEIVED BY U.S. MAIL

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services  | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment  | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management                         | <input type="checkbox"/> Other: (indicate below)                               |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                                   |  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

1/3/06

(Date)

Name of authorized person (type or print)

MARTIN ERWIN

Title of authorized person

COUNSEL